### TRANSMITTAL LETTER

| То:   | Registration<br>Division o |              | ions   |  |  |                     |
|---|----------------------------|--------------|--|--|--|---------------------|
| SUBJE   | CT:                        | ARL.         | Inc.   |  |  |                     |
| JODJE   |                            | 1113         | (Name of corpora                                   | ation - must include suffix)                                 |  | <del></del> =       |
| Dear Si   | ir or Madan                | ı:           |  |  |  |                     |
| "Certifi  | closed "Appicate of Exit   | stence", an  | Foreign Corporation to<br>d check are submitted to | for Authorization to Transactor register the above reference | ct Business in Flor<br>sced foreign corpor | rida",<br>ration to |
| Please 1  | return all co              | rresponde    | nce concerning this ma                             | tter to the following:                                       | 0003429                                    | n205                |
|   | 1                          | BRIAN        | STEINMILLER  | السية المسأة المسا   | -10/18/00C                                 | 1080005             |
|   | <del></del>                | 12-1         |  | e of Person)   |  | 444444 (O100        |
|   |                            | ΔRI          | Inc.   |  | W  | -25410              |
|   | _                          | 17(1/2)      | (Firm/   | (Company)  | · · · · · · · · · · · · · · · · · · ·      |                     |
|   |                            | 0 a          | •  |  | ai 101                                     | am can abbance      |
| -   |                            | 10 120X      | 836 CMAILING                                       | Annews) 238 Moon Address)                                    | . CIMION 191 C                             | S(KCC) ITBIIIOS     |
|   |                            | 20           | , <b>n</b>   | O  |  |                     |
|   | _                          | MOON         | Township   | PA 15108<br>/State/Zip)                                      |  |                     |
|   |                            |              | (City)   | /State/Zip)  |  |                     |
|   | •                          |              | cone concerning this ma                            | _  | SI<br>TA                                   | 00                  |
| 20  | ) .<br>                    | es a sile    |  | こ) ス6Ч - 6996<br>rea Code & Daytime Telepl                   | LLA  | <b>z</b> _          |
| 1Or   | (Name of                   | Person)      | $\frac{R}{A}$ at $\frac{R}{A}$                     | rea Code & Daytime Telepl                                    | hone Number)                               | FILED<br>NOV 15 PM  |
|   | (2                         | ,            | <b>\</b>   |  | SEE<br>SY C                                | 51 H                |
|   |                            |              |  |  | 上が   | 골 U                 |
| STREI   | ET ADDRI                   | ESS:         |  | MAILING ADDRESS  | S: ORIDA                                   | 60 :0l              |
| _   | ation Section              |              |  | Registration Section   |  | ,                   |
| Division of Corporations 409 E. Gaines St.  |                            |              |  | Division of Corporatio<br>P.O. Box 6327                      | ons  | untr                |
|   | Games St. issee, FL 3      | 2399         |  | Tallahassee, FL 32314  | 4  | 47Th                |
|   | ·                          |              |  | •  |  | 11/15               |
| Enclose   | ed is a chec               | k for the fo | llowing amount:                                    |  |  |                     |
| \$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ Certificate of Status |                            |              |  | ☐ \$78.75 Filing Fee & Certified Copy                        | S87.50 Filing Certificate of Certified Co  | of Status &         |



### MANAGING TRANSPORTATION NEEDS

Phone: 800-245-4722 Fax: 800-532-9275 Phone: 412-264-6996 Fax: 412-264-1470

http://arlnetwork.com e-mail: arl@arlnetwork.com

November 08, 2000

Michael Mays Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

#### Dear Micheal:

This letter is in reference to your Letter Number:000A00055091, Ref. Number: W00000025410. After reviewing the Florida Statute section 607.1501 I have determined that erroneous information was submitted on the Application by a Foreign Corporation to Transact Business in the State of Florida. Specifically, pursuant to the afore mentioned statute the date listed on the application did not constitute transacting business in Florida since ARL, Inc. transacts business in interstate commerce (subsection i).

If you have any questions you can call me at (412) 264-6996 x235.

Sincerely,

Brian E. Steinmiller

Brian E. Stein Dh

Controller

11/9/2000

Notarial Seal
Tracey L. Batykefer, Notary Public
Moon Twp., Allegheny County
My Commission Expires March 19, 2001
My Commission Expires March 19 (Notarias

P O Box 836 • 238 Moon Clinton Road • Moon Twp., PA • 15108

O NOV 15 PM 10: (



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 20, 2000

BRIAN STEINMILLER ARL, INC. PO BOX 836 MOON TOWNSHIP, PA 15108

SUBJECT: ARL, INC.

Ref. Number: W00000025410

We have received your document for ARL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4615.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00055091

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. ARL, Inc. (Name of corporation; must include the                                    | word "INCORPO        | RATED", "COM        | PANY". "CORPORA        | TION" or        |                |
|--|----------------------|---------------------|------------------------|-----------------|----------------|
| words or abbreviations of like import in   | i language as will   | clearly indicate th | at it is a corporation | instead of a    |                |
| natural person or partnership if not so c  | ontained in the nar  | me at present.)     | -                      |                 |                |
| 0  |                      |                     |                        |                 |                |
| 2. ENNSYLVANIA  (State or country under the law of which                               |                      | _ 3. <u>2</u> S     | - 1494144              |                 |                |
| (State or country under the law of which   | it is incorporated   | )                   | (FEI number, if        | applicable)     |                |
| (Date of incorporation)  | 5                    | PERPETU             | AL                     |                 |                |
| (Date of incorporation)  |                      | (Duration: Year     | corp. will cease to e  | xist or "perpe  | tual")         |
| 1996   |                      |                     | -                      | • •             | ,              |
| (Date first transacted business in Florida   | . If cornoration he  | es not transacted h | nicinace in Florido in | cort "unon ou   | olification 27 |
| (SEE   | SECTIONS 607.1       | 501, 607.1502 an    | d 817.155, F.S.)       | serr abou da    | annication.    |
| a 238 Maon Claren R  | al Marine            | → 0 ·Øo             | 15100                  |                 |                |
| a. 238 MOON CLINTON RO   | (Principal office    | address)            | 12108                  |                 | <del></del>    |
|  |                      |                     |                        | T'S             | 0              |
| b. Po Box 836 Moon   | 1 TWP                | 1A 1510°            | <u> </u>               | <u> </u>        |                |
|  | (Current mailing     | address)            |                        | ₹6              |                |
| T0 0   | ć                    |                     |                        | SS A            | = =            |
| (Purpose(s) of corporation author  | GOOTIS               |                     |                        |                 |                |
| (1 depose(s) of corporation author   | izeu in nome state   | or country to be c  | arried out in state of | Florida)        | 3000           |
| Name and street address of Florida   | ı registered ager    | it: (P.O. Box or    | Mail Drop Box NO       | OT acceptabl    | .e)            |
| Name: MARVIN T M   |                      |                     |                        | A<br>A          | 9              |
| Name: MAKVIN I M   | 9>>                  |                     | p - v                  |                 |                |
| ffice Address: 20801 Biscay  | NE Blud              | STE 506             |                        |                 |                |
| AVENTURA   |                      |                     |                        |                 |                |
| AVENTUKA   |                      | , Florid            | a 33180                | v . v           |                |
|  |                      |                     | (Zip code)             |                 |                |
| ). Registered agent's acceptance:  |                      |                     |                        |                 |                |
| Browner affort a accordance.   |                      |                     |                        |                 |                |
| aving been named as registered agent an  | d to accept service  | of process for the  | e above stated corpoi  | ration at the r | olace desion   |
| this application, I hereby accept the app  | ointment as regist   | ered agent and ag   | ree to act in this can | acity. I furth  | er naree to    |
| emply with the provisions of all statutes read accept the obligations of my position p | elative to the prope | er and complete p   | erformance of my du    | ities, and I an | n familiar w   |
|  | La de M              |                     |                        |                 |                |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Names and business addresses of officers and/or directors:  |
|---|
| A. DIRECTORS  |
| Chairman:   |
| Address:  |
|   |
| Vice Chairman:  |
| Address:  |
|   |
| Director:   |
| Address:  |
|   |
| Director:   |
| Address:  |
|   |
| B. OFFICERS   |
| President: ROWAID K. FAHORTY  |
| Address: 2515 Miniton Dr.   |
| Moon Tul. PA 15108  |
| Vice President: RONAID J. FAIHGRY   |
| Address: 150 Washington RD APT # 1403   |
| Pirosuren PA 15228  |
| Secretary: CYnThia L. FAItERTY (Lioi)   |
| Address: 7185 BRIGHTON ROAD   |
| BEN Avon PA 15202   |
| Treasurer: KATHERINE FAHERTY  |
| Address: A 750 WASHINGTON RA , APT # 1403   |
| Pinsbargit PA 15228   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| $\sim M $   |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)               |
| 14. ROWALD K. FAHGRTY PRESIDENT  (Typed or printed name and capacity of person signing application)             |

### COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

ODDS . JL TZUBUA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ARL: INC.

and remains a subsisting corporation so far as the records of the Shown as of the date herein.

SECHE SECHE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

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